# SJ Exhibit 22



## OFFICE OF THE COMPTROLLER CITY OF ST. LOUIS



16817

212 City Hall (314) 622-4389 FAX 622-4026

Comptroller

May 20, 2016

Mr. Richard R. Frank Director of Personnel 1114 Market St., Rm. 700 St. Louis, MO 63101

Dear Mr. Frank:

I would like to respectfully request that the Department of Personnel approve a 10% salary increase for Mr. Jim Garavaglia, upon his promotion to Deputy Comptroller, as of May 13, 2016.

I appreciate your consideration of this request, and look forward to your response. Please feel free to contact me, or my office, if you have any questions or need additional information.

Sincerely,

Darlene Green
COMPTROLLER

DG/cdm

3016 JUN -3 PM 4: 50

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on the web: www.stlouis-mo.gov/comptroller





## The City of St. Louis

DEPARTMENT OF PERSONNEL

1114 MARKET STREET, ROOM 700 ST. LOUIS, MISSOURI 63101-2043

FRANCIS G. SLAY MAYOR

June 6, 2016

Ms. Darlene Green Comptroller Comptroller's Office Room 212 City Hall St. Louis, Missouri 63103

Dear Ms. Green:

The Department of Personnel is in receipt of your letter dated May 20, 2016 requesting a ten (10%) salary adjustment over James Garavaglia's current salary upon his promotion to the position of Deputy Comptroller.

Based on your recommendation, please be advised that in accordance with Section 6(a)(1), I am hereby approving your request. Therefore, upon Mr. Garavaglia's appointment to the position of Deputy Comptroller (01488-21M-1) his salary shall be \$4,867.00 bi-weekly (step 15), approximately 10%.

If you should have any questions regarding this letter, please contact the Classification and Compensation Section at 622-3565.

Very truly yours,

DEPARTMENT OF PERSONNEL

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Richard R. Frank Director

RRF:KFH

Copy: Terry Dabrowski

#### CITY OF ST. LOUIS EMPLOYEE STATUS FORM

CHANGES ARE ENTER! IN APPROPRIATE SPAC RELOW PRESENT STATE

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	nd title of appointing authority submy Armstrong, Execut	ive Assistant	THE	Ornoth	W.	6/	F SUBMISSION:
_		PAYROLL CLERK: Sha	alon <b>da Cov</b>	ington(Y	<u> </u>	DATE: 6/7/16	
9	E OF DEPARYMENT OF PERSONNEL:  DIFFECTION OF THE PERSONNEL:	OR OF PERSONNEL		EFFECTIVE DATE	OF ACTION TI	ASMITTED TO	ENTERED PORTE
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EMPLOYEE STATUS FORM PRESENT CLASS TITLE SOCIAL SECURITY NUMBER NAME OF EMPLOYEE 02/07/17 DEPUTY COMPTROLLER GARAVABLIA JAMES EGETICY AND ORIGINARIZATION UNIT TRAMEACTION NUMBER COMPTROLLERS OFFICE CLASSIFICATION % FULL PERFORMANCE BIWEEKLY HOURS CLASS GRADE SHIFT STEP BIWEEKLY RATE TIME RATE DEPT LOC 0.00 160 100 0 1488 MI 4867100 0:0 -16 4940 00 DATE OF CHANGE FACE SEX BIRTHDATE S. EXEMPT F. EXEMPT 52 02 04 17 14 09 20 I 0 0 0 17 06 11 MONTH DAY MONTH DAY YEAR YEAR A,B,H,I,W or O YorN F,P,I or N F or M SOCIAL SECURITY NUMBER SPECIAL FWT SPECIAL SWIT CHARITY EMPLOYEE'S NAME 00 15:00 GARAVAGLIA JAMES 80 190 REMEN'S RELIE POUCE RELIEF UNIFORM DEFERRED COMP 00 00 500 00 00 DO 00 00 00 POLICE WCSAF ARTS/ED ASSOCIATION POLICE RUNERA DENTAL 00 80 0.0 00 00 00 00 00 CONSCE SARTH UCCI URENT SACKSTOP DOOMPLOAM ED IC 0.0 0.0 00 00 1 00 00 00 00 53 BONDS CREDIT UNION PARKING UNION DUES DEPENDENT LIFE LIFE INSURANCE 340 24 1 95 00 00 39 23 0.0 100 00 WITH THIS FORM THESE DEDUCTIONS MAY NOT BE CHANGED EMPLOYEE'S ADDRESS ACCOUNTING CODE 1010 1600000 5101000 200 5405 63110 ELIZABETH ZIP CODE FUND REPORT CENTER ACCOUNT PROJECT HOUSE NO. SFX PFX STREET NAME, CITY, AND STATE SEPARATION FROM PAYROLL RETURN FROM LEAVE TERM EMP. LAST DAY RESIGNATION TEMP. APT. LEAVE OF DEPARTMENT ON PAYROLL DISMISSAL LAYOFF ABSENCE DATE OF RETURN DEATH MONTH! DAY YEAR MONTH! DAY R REASON FOR DATA CHANGE: Merit (Step) increase. TO APPOINTING AUTHORITY: INDICATE REASON(S) FOR DISMISSAL, DISCIPLINARY DEMOTION OR TEMPORARY REDUCTION IN PAY TO EMPLOYEE: ANY PERMANENT EMPLOYEE MAY APPEAL A DISCIPLINARY DEMOTION OR TEMPORARY REDUCTION IN PAY TO THE CIVIL SERVICE COMMISSION WITHIN TEN (10) CALENDAR DAYS OF THE DATE OF NOTICE TO EMPLOYEE AS REFLECTED ON THE EMPLOYEE STATUS FORM, ANY PERMANENT EMPLOYEE MAY APPEAL A DISMISSAL TO THE CIVIL SERVICE COMMISSION WITHIN TEN (10) CALENDAR DAYS OF THE EFFECTIVE DATE OF THE LETTER SENT BY ACTION OF THE DIRECTOR OF PERSONNEL. AST DAY AT WORK: METHOD AND DATE OF NOTICE TO EMPLOYEE: LENGTH OF LEAVE: FROM TO MPLOYEE AUTHORIZATION SIGNATURE X GNATURE, TITLE, AND AGENCY OF NEW APPOINTING AUTHORITY: (FOR TRANSFER) ME AND TITLE OF APPOINTING AUTHORITY SUBMITTING THIS FORM: DATE OF SUBMISSION: 6/15/17 Assistant II Exec. Armstrong, 6/15/17 Covington Shalo da PAYROLL CLERK: R USE OF DEPARTMENT OF PERSONNEL: ROVED: DIRECTOR OF PERSONNEL EFFECTIVE DATE OF ACTION ENTERED ROSTER. Compt.-1 Rev. 11/16 DEPARTMENT OF PERSONNEL

### CITY OF ST. LOUIS

CHANGES ARE ENTERED IN APPROPRIATE SPACE BELOW PRESENT STATUS

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#### CITY OF ST. LOUIS EMPLOYEE STATUS FORM

IN APPROPRIATE SPACE BELOW PRESENT STATUS

SOCIAL SECURITY NUMBER NAME OF EMPLOYEE PRESENT CLASS TITLE 06/25/19 DEPUTY COMPTROLLER GARAVAGLIA JAMES M TRANSACTION NUMBER COMPTROLLERS OFFICE CLASSIFICATION % FULL PERFORMANCE PAY GRADE SHIFT & O.T BIWEEKLY RATE CLASS BIWEEKLY HOURS RATE DEPT LOC 5089 00 80 0 100 0 00 160 M1 18 0 1488 F EXEMPT S. EXEMPT RACE PENSION SEX BIRDIDA DATE OF CHANGE I Ħ 09 52 06 22 19 0 S 0 Y 20 94 H 01 119 10 YAG HTACM VEAR MONTH DAY YEAR A.B.H.I.P.W. or T Y or N F,P,I or N F or M CHARITY EMPLOYEE'S NAME SECURITY NUMBER SPECIAL FWI SWT BO 00 15 00 00 GARAVAGLIA JAMES M FIREMEN'S RELIE UNIFORM DEFERRED COMP POLICE RELIEF IS/ 100 00 00 00 00 00 00 00 00 AMERICA'S COMM. WCSRF M:O.S.T AFLAC CHARITIES HEALTH DENTAL ARTS/ED 00 10 18 00 00 00 00 00 00 I URENT D-COMP EARTH ADD'L BACKSTOPPERS INCENTIVE INSURANCE DENTAL-2 00 00 00 00 00 00 00 00 53 58 MEDICAL HEE INSURANCE AD & D DEPENDENT LIFE CREDIT UNION PARKING 69 20 1 95 00 39 23 00 00 00 00 THESE DEDUCTIONS MAY NOT BE CHANGED WITH THIS FORM ACCOUNTING CODE EMPLOYEE'S ADDRESS ELIZABETH 1010 1600000 5101000 200 5405 63110 HOUSE NO. SFX PFX STREET NAME, CITY, AND STATE ZIP CODE FUND REPORT CENTER ACCOUNT PROJECT SEPARATION FROM PAYROLL RETURN FROM LEAVE RESIGNATION TEMP. APT. LEAVE OF ABSENCE LAST DAY EMP. RET. DEATH DISMISSAL LAYOFF ON PAYROLL DEPARTMENT DATE OF RETURN 30 MONTH DAY YEAR MDNTH 09 YEAR 19 XΑ 160 REASON FOR DATA CHANGE: Retired effective 10/1/19. TO APPOINTING AUTHORITY: INDICATE REASON(S) FOR DISMISSAL, DISCIPLINARY DEMOTION OR TEMPORARY REDUCTION IN PAY TO EMPLOYEE: ANY PERMANENT EMPLOYEE MAY APPEAL A DISCIPLINARY DEMOTION OR TEMPORARY REDUCTION IN PAY TO THE CIVIL SERVICE COMMISSION WITHIN TEN (10) CALENDAR DAYS OF THE DATE OF NOTICE TO EMPLOYEE AS REFLECTED ON THE EMPLOYEE STATUS FORM. ANY PERMANENT EMPLOYEE MAY APPEAL A DISMISSAL TO THE CIVIL SERVICE COMMISSION WITHIN TEN (10) CALENDAR DAYS OF THE EFFECTIVE DATE OF THE LETTER SENT BY ACTION OF THE DIRECTOR OF PERSONNEL. Balances as of PPE 10/12/19, Sick: 1,810 (to be paid half in 4 equal installments), Vac. 600 to be paid on last pay check (10/18/19), medical: 499.

METHOD AND DATE OF NOTICE TO EMPLOYEE. LENGTH OF LEAVE: LAST DAY AT WORK June 26, 2019 U.S. Mail 10/18/19 FROM TO EMPLOYEE AUTHORIZATION SIGNATURE X FOR CHANGE IN STATUS (IF REQUIRED): DATE: SIGNATURE, TITLE, AND AGENCY OF NEW APPOINTING AUTHORITY: (FOR TRANSFER) NAME AND TITLE OF APPOINTING AUTHORITY SUBMITTING THIS FORM: DATE OF SUBMISSION: 9/27/19 Judy L. Armstrong, Fiscal Support Operations Man 9/27/19 PAYROLL CLERK: Shalonda FOR USE OF DEPARTMENT OF PERSONNEL PPROVED: TRANSMITTED TO COMPTROLLER, BY DIRECTOR OF PERSONNEL EFFECTIVE DATE OF ACTION ENTERED ROSTER, 'D/Compt.-1 Rev. 2/18 1-DEPARTMENT OF PERSONNEL